

HEN Certification of Payment Obligation from Friend/Family

Return form via: Fax: CCS HEN Assistance Program: (206)324-4835, Scan and email: henkc@ccsww.org Mail: CCS HEN Assistance Program 100 -23rd Ave S. Seattle, WA 98144, Questions: Phone 206-328-5755

Client Housing Status (check one)	
Applicant already lives with friend/family and is being evicted <input type="checkbox"/>	Applicant is moving in with friend/family <input type="checkbox"/>
Move-In Date: _____	Move-In Date: _____

1. Client Information			
Name			
Phone		Email	
Address where applicant is staying or will stay			
Street			
City		State/Zip Code	
2. Friend/Family Information			
Name			
Phone		Email	
Address where rent payment should be sent			
Street			
City		State/Zip Code	
3. Rental and Payment Information			
Type of Agreement (check one)	Lease/sub lease <input type="checkbox"/>	Month-to-month <input type="checkbox"/>	
Amount of Payment Required			
Past Due			
Rent	Total amount past due		
	Months for which payment is past due		
Utilities	Total amount past due		
	Months for which payment is past due		
Current or Anticipated			
Rent	Monthly Amount		
Utilities	Monthly Amount		
Complete the following for utility payments (a copy of each utility bill is required for payment)			
Utility provider			
Account number			

4. Client Certification	
I certify that the above information is true and accurate to the best of my knowledge.	
_____ <i>Client Signature</i>	_____ <i>Date</i>
5. Friend/Family Certification	
I certify that I will accept the above payment(s) to provide housing for the applicant. I am not in the business of rental real estate as defined in the Landlord Tenant Act , however I do provide safe and habitable housing. I certify that I will evict the applicant within 14 days if I do not receive the above payment(s).	
_____ <i>Friend/Family Signature</i>	_____ <i>Date</i>